



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

4/30/2015

Dawn Starr
1551 6th Ave SE
Cedar Rapids, Iowa 52403

Dear Dawn,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 4/24/15. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)g Safety barriers are at stairways and doors as needed. You did not have gate on steps going upstairs at the time of this spotcheck. You have gate and will be putting it in place.

☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. **Needed annual pet records and need to be on the new form, 470-5153, which is included with this letter. You stated that the 3 dogs and cat have a vet appointment scheduled over the next couple of weeks. Please include these forms in your files once completed.**

☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. **Need to develop. Many providers put this information in their contract.**

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies.

Items “u and v” address the need to have written policy on children who are mildly ill and how you would respond to health related emergencies. Please develop those policies to share with your families. You can see samples of this in the guidebook on page, 54 for children who are mildly ill and page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program. Many providers use what the local school uses for ill policies. That makes it easy on both you and the parents because they know those rules usually.

Health Related Emergency Policy ----Sample

In the event of a minor health related emergency (ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child's needs have been dealt with.

In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.

In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.

The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.

I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.

I will complete an injury report form and send a copy home with the family and retain one for the child's file if first aid is applied due to an injury.

☐ 110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file. **Need for all children.**

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need now every 3 years and on the new form which I included with this letter.**

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

Your training expired in February of 2015. For assistance in finding training call CCRR at 866-324-3236 x 1410

110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and **updated annually or when there are changes.** Each file contains: **The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you**

double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. **Need for: DU, SU, TS, JL and JL .**

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. **Need for: DU, SU, TS, and JL .**

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **Need for: JP, SU, TS, JL (DOB 2/17/08) .**

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **Need for: JP, SU, and TS.**

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. **Need for: JL and JL**

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. **Need for: JP, SU, and TS.**

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. **Need for: JL and JL .**

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **Need for: SU, TS, and JL .**

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. **Need for: JP, DU, SU, TS, JL and JL .**

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since. **Need for: JL and JL.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates.

Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: 45 days of receipt.

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,

Cheryl Sytsma-Sellner
Social Worker II

Irene Holzwarth
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).